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The Influence of Psychosocial-Affective Factors on Language Delay

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ABSTRACT

According to Nóbrega and Minervino (2011), language is a corticocerebral function that develops based on the environment and stimuli to which individuals are exposed, as well as being a vehicle of communication, since language allows to establish interpersonal relationships.

Since childhood, people use some form of human communication, which is not composed solely by the use of words and phrases. Language development begins through the contact of babies with other people, through crying, looking, gestures, interaction between mother and child, among other forms of communication and interaction. Thus, adults play a crucial role during this period by establishing a channel of affection and communication with the child, since adults are responsible for intermediating the baby's relations with the world, through how they communicate with the child (AMORIM et al., 2012).

Based on this principle, Carvalho (2015) reports that the early years are an essential period for the development of language skills, as many factors influence the language acquisition and development, such as: innate biological conditions; affection; cognitive, memory, organic-functional skills and the contexts in which the child is inserted.

All children follow similar steps in the language development process, although it is susceptible to variations caused by some factors, such as: biological; psychological and social/environmental factors. In addition, an imbalance of these factors may slow this process, thus causing a language delay.

Giacheti and Lindau (2016) explain that language delay is not associated with organic disorders or any other developmental problem, whether intellectual disability or genetic syndromes, since this is a transient condition in which in most cases is due to lack of family stimulation.

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There are a number of factors that can influence the onset of language delay. One of these factors concerns the environment in which the child is inserted, which is named by Aguado (1997)¹ as psychosocial-affective factors. This classification was used as the basis for this study and includes the following aspects: socio-cultural levels, low stimulating family environment, bilingualism, parents' overprotective attitude and sibling's jealousy.

Authors, such as Nóbrega and Minervino (2011), argue that children, who have a facilitating environment, contact with family and with people who talk and stimulate their abilities, are more likely to easily develop language.

Thus, depending on the circumstances of the children's daily lives and the way the stimuli are provided by those close to them, language development can be expanded and enhanced. Similarly, the lack of stimuli can cause significant harm to the development of children's language. Based on these references, the following problem and question arose: do psychosocial-affective factors influence language delay?

Authors understand that by having a stimulating environment, children enhance their capacity for socialization, as well as their gestures for communicative intentions, creativity, motor development, and also cognitive, structural and organization aspects. Thus, a broader vocabulary and good comprehension support the development of oral language.

Therefore, this study aimed to identify the influence of psychosocial-affective factors on language acquisition and development in children with language delay.

METHODOLOGY

This study was approved by the Research Ethics Committee of the institution under the protocol no. 2,723,610, in compliance with the rules and guidelines of resolution no. 466/12, which regulates research involving human subjects. A descriptive, cross-sectional and quantitative field research was conducted.

The study was conducted at a Speech-Language Pathology Clinical School in Paraíba. The population consisted of parents of children who had a diagnostic hypothesis of language delay at the time of the study, who also attended the Clinical School.

The convenience sample consisted of 10 parents and/or guardians of children with a diagnosis of language delay, which included 8 (80%) mothers and 2 (20%) fathers. Most participants (6; 60.0%) have completed high school, while 2 (20%) have completed elementary school, and 2 (20%) have completed higher education. The average age of the sample was 35.40 (± 5.0) years.

At first, participants were invited by the researchers, whether parents and/or guardians of their children, individually, in the waiting room of the Clinic School, where the study and the Free Prior Informed consent (FPIC) were presented to them. Those interested in collaborating with the study received the FPIC and after reading and signing, were able to receive the study instrument.

Data collection was performed by applying a structured questionnaire to the participants, which consisted of three parts. The first part concerned the information on the participant (parents or guardians); while the second part concerned the daily life of the child attending the clinic and the third part concerned the language development of the child through report of parents and/or guardians.

The questions of the questionnaire were elaborated by the researchers. All questions from each part of the questionnaire were proposed and designed to meet the research objectives.

Data were tabulated in a digital spreadsheet and analyzed using the 'R' software v1.1.2.1, with a significance level below 5%. Descriptive analyzes were performed through frequency and inferential measurements, using the Chi-Squared Test in order to associate

environmental factors with language acquisition and development characteristics.

RESULTS

The children of the respondents were mostly male (6; 60%), had siblings (7; 70%) and had a

good relationship with them (4; 40%). As shown in Table 1, most children were attending a school (6; 60%), in which they spent four to eight hours (5; 50%) and were not exposed to another language (6; 60%).

Table 1: Characterization of children with language delay diagnosis variable

	N	%
Gender		
Female	4	40.0
Male	6	60.0
Siblings		
Yes	6	60.0
No	4	40.0
Sibling relationship		
Good relationship	4	40.0
Jealousy	1	10.0
No contact	1	10.0
Not applicable	4	40.0
Studies at School		
Yes	6	60.0
No	4	40.0
Type of School		
Private	3	30.0
Public	3	30.0
Not applicable	4	40.0
Child exposed to more than one language		
Yes		
No	4	40.0
	6	60.0
Time at School		
4 hours	3	30.0
Up to 8 hours	2	20.0
Other	1	10.0
Not applicable	4	40.0
Responsible for taking care of the child when not in school		
Parents	2	20.0
Grandparents	2	20.0
Other	2	20.0
Not applicable	4	40.0

Source: João Pessoa, 2018

An association was made between the psychosocial-affective factors to which children are exposed and their language development (Table 2). It was observed that the habit of

watching videos in another language is associated with talking to imaginary friends (p=0.049), since most of those who watch (3; 60%) always talk to imaginary friends; while children who do not watch videos in another language are less likely to talk to imaginary friends (80%).

It was also noticed that watching television for a long period of time may be associated with

children being able to feed themselves (p=0.049) and in starting a conversation (p=0.029), whereas those who always watch television for long time do not start a conversation (100%); and it is also associated with the use of gesture to communicate (p=0.043), since those who always watch TV do not use gestures to communicate (66.7%).

Table 2: Association between environmental factors and language development of children diagnosed with language delay

Variables	Never		Sometimes		Most of the time		Always		p-value
	N	%	N	%	N	%	N	%	
WATCHES VIDEOS IN ANOTHER LANGUAGE									
Talks with imaginary friends									
Yes	0	0.0	1	20.0	1	20.0	3	60.0	0.049*
No	0	0.0	4	80.0	1	20.0	0	0.0	
>4 HOURS WATCHING TV									
Can feed himself/herself									
Yes	0	0.0	4	57.1	0	0.0	3	42.9	0.049*
No	1	33.3	0	0.0	1	33.3	1	33.3	
Starts a conversation									
Yes	1	14.3	4	57.1	1	14.3	1	14.3	0.029*
No	0	0.0	0	0.0	0	0.0	3	100	
Uses gestures to communicate									
Yes	0	0.0	4	57.1	1	14.3	2	28.6	0.043*
No	1	33.3	0	0.0	0	0.0	2	66.7	

Chi-Squared Test; *significance <0.05

Then, the sociability of children diagnosed with language delay was observed. It was observed that participants who play with other children are more likely to initiate a conversation (p=0.040), since most of those who do not play never initiate a conversation (66.7%). The habit of playing with other children is also associated with the use of gestures (p=0.038) and with the presence of a peculiar speech (p=0.019). The

same is true with the habit of playing with parents, which, besides being associated with a communicative intent and the use of gestures, is also related to the independence of children with being able to feed themselves (p=0.021), in which most of those who tend to always play with their parents is more likely to be able to feed themselves (57.1%) (Table 3).

Table 3: Association between socialization factors of language-delayed children and language development

Variables	Never		Sometimes		Most of the time		Always		p-value
	N	%	N	%	N	%	N	%	
PLAYS WITH OTHER CHILDREN									
Starts a conversation									
Yes	0	0.0	3	42.9	1	14.3	3	42.9	0.040*
No	2	66.7	1	33.3	0	0.0	0	0.0	
Uses gestures to communicate									
Yes	0	0.0	4	57.1	1	14.3	2	28.6	0.038*
No	2	66.7	0	0.0	0	0.0	1	33.3	
Presence of peculiar speech									
Yes	2	22.2	4	44.4	3	33.3	0	0.0	0.019*
No	0	0.0	0	0.0	1	100	0	0.0	
PLAYS WITH PARENTS									
Can feed himself/herself									
Yes	0	0.0	2	28.6	1	14.3	4	57.1	0.021*
No	0	0.0	3	100	0	0.0	0	0.0	
Starts a conversation									
Yes	0	0.0	0	0.0	4	57.1	3	42.9	0.040*
No	0	0.0	2	66.7	0	0.0	1	33.3	
Uses gestures to communicate									
Yes	0	0.0	0	0.0	3	42.9	4	57.1	0.040*
No	0	0.0	2	66.7	1	33.3	0	0.0	

Chi-Squared Test; *significance <0.05

Factors related to the behavior of the children were also associated with developmental characteristics of children with language delay. It was also noticed that most of the times (60%) ($p=0.025$) when parents reported that their children were spoiled, their children talked to objects or imaginary friends (Table 4). In addition, the habit of drawing attention was associated with dependence on feeding ($p=0.024$), as most children who never call attention used to feed themselves (Table 4).

The association of the school with the development of the diagnosed children was

investigated and it was also noticed that most (83.3%) of the children who attend the school did not stop talking after starting classes ($p=0.045$) (Table 5).

DISCUSSION

Among the parents of children diagnosed with language delay in this study, eight (80%) were mothers and two (20%) were fathers. Most (6; 60.0%) have completed high school, while 2 (20%) completed elementary school and 2 (20%) completed higher education. Parents with a higher level of education may provide more stimuli and/or resources as educational toys,

which are facilitating means for language development.

Similar results were found by Andrade et al (2005)², as they found that the cognitive performance of children develops in a more favorable way according to the quality of the

stimulation provided in the environment and that maternal education greatly influences it, as it usually provides a wide variation in daily stimulation due to the availability of appropriate materials and games for children and greater evidence of emotional and verbal involvement between mother and child.

Table 4: Association between behavioral factors of language-delayed children and language development

Variables	Never		Sometimes		Most of the time		Always		p-value
	N	%	N	%	N	%	N	%	
SPOILED/OVERPROTECTED									
Talks with objects or imaginary friends									
Yes	1	20.0	1	20.0	0	0.0	3	60	0.025*
No	0	0.0	3	60.0	2	40.0	0	0.0	
NEEDS									
Starts a conversation									
Yes	0	0.0	5	71.4	2	14.3	0	0.0	0.036*
No	1	33.3	0	0.0	2	66.7	0	0.0	
Talks with objects or imaginary friends									
Yes	1	20.0	4	80.0	0	0.0	0	0.0	0.012
No	0	0.0	1	20.0	4	80.0	0	0.0	
DRAWING ATTENTION									
Can feed himself/herself									
Yes	3	42.9	0	0.0	3	42.9	1	14.3	0.024*
No	0	0.0	2	66.7	0	0.0	1	33.3	
Starts a conversation									
Yes	2	28.6	2	28.6	2	28.6	1	14.3	0.039*
No	1	33.3	0	0.0	1	33.3	1	33.3	

Chi-Squared Test; *significance <0.05

Table 5: Association between attending school and language development in children diagnosed with language delay.

	YES		NO		p-value
	N	%	N	%	
	STOPPED TALKING				
School					
Yes	1	25.0	5	83.3	0.045*
No	3	75.0	1	16.7	

Chi-Squared Test; *significance <0.05

Thus, it is possible to reassure the impact of sociocultural factors on language delay and, although mothers represent the majority of caregivers for children in the speech-language pathology care, only two (20%) mothers had completed higher education. This result indicates that most mothers may not have a greater variability of available materials and/or information that could enhance their children's language development.

However, the discussion about stimulation is much broader, as Anacleto (2015)³ reported that children who currently have greater access to electronic equipment are subject to the harms of the excessive use. Swing et al (2010)⁴ also showed that exposure to television results in impairments associated with children's attention. Authors such as Muzetti and Vinhas (2011)⁵ report that children's attention is crucial for learning and language development, since children have limitations to communicate when their attention is not appropriate, as well as in their interpersonal relationships, that is, it has a direct influence in their social interactions.

People nowadays have a busy life, including social and professional commitments and often end up taking work home, so in some cases they may not have the time to provide children with the required stimuli as it is often easier to leave children watching something that grabs their attention so that adults can conduct their own activities.

Kunsch (2014)⁶ describes that an efficient way to keep children safe without having to take care of them is by calling and holding their attention, for example, by letting children watch television, as this activity allows to only supervise the child, which requires much less time for the adult and therefore is more practical. It also leads us to think that they can make everything overly available to the child, so that it does not provide the child with the need to communicate to request something, for example.

Table 2 shows that children spend a lot of time exposed to television (7; 70%), which is associated with the communicative intention to start a conversation (100%), since these

children do not even use gestures to communicate (66,7 %).

However, if on the one hand the lack of stimuli causes harm, on the other hand, the excess of stimuli also have its consequences. According to Kunsch (2014), the overprotective attitudes and excessive care of parents with the child may characterize a limitation in the development of their autonomy.

Although every child needs parental care, care must be taken to ensure that this protection and help is provided in a way that it does not deprive them of their normal development. When this excess of parents and/or family members occurs, these children end up reacting badly, and may have stubbornness, negativity and spoiled attitude (ADRADOS, 1968)⁷.

Thus, children may feel insecure, have dependence on their parents due to overprotection and spoiling and, consequently, have impairments in their language, especially in the aspects related to expression, interaction and socialization; in addition, they may not have as many experiences as most other children in their age group.

In the sample studied and shown in table 3, it was shown that children, who do not have the opportunity to play with other children, and even with their parents, never start a conversation (66.7%). While children who had the opportunity to play with their parents and/or other children are shown to have a more efficient communication, presenting communicative intention and use of gestures, as well as being independent to eat on their own, since most of those who always play with their parents are used to eat alone (57.1%).

Ferronato and Gomes (2008)⁸ report that children with language impairment show no impairment in affective, intellectual, neurological and auditory development; however, these children tend not to talk much, and in cases where the child speaks, there is not so much quality, that is, they have a difficult language evolution and a restricted vocabulary.

Table 4 shows that children with language impairment are affected by affective factors in their development, since when parents reported that their child was overprotected, and that the child always drew the parents' attention with crying, tantrum or shouting, this was also associated with independence to feed, as most children who have never called attention eat on their own. Thus, although affective factors are not the cause for language delay, as claimed by Ferronato and Gomes (2008), these factors do impact on the overall development of children, not only in their language, since overprotection impacts even in performing simple tasks.

This study found that bilingualism was not a causal factor for language delay in these children, as most (6; 60%) are not exposed to more than one language. The study investigated whether, even if children did not have formal lessons in a second language, they would have access to a second language in another way. As shown in table 2, it was observed that these children watch videos in another language as a means of access to the second language. Interestingly, children who watch videos in another language usually talk with their imaginary friends, since most of those who watch (60%) always talk to their imaginary friends, while children who do not watch videos in another language are less likely to talk to imaginary friends (80%).

As shown in Table 1, most of the evaluated children have siblings (6; 60%) and, among them (4; 40%), the parents stated that they have a good relationship and fellowship with their siblings; therefore, children in this study are not affected by this factor in their language delay.

Bortolote and Brêtas (2008)⁹ report that the environment provides developmental stimuli for the child, which result from the conditions of the environment in which the child is inserted. That is, with stimulating elements that provides meaningful experiences, such as in situations where it is possible to include children in physical spaces, with objects and with other people, their main source of stimulation, as the contact with

others enables the transmission of information, as well as kinesthetic sensations, sensory, cognitive, motor and social experiences to the child.

Table 1 shows that most children study in schools (60%) and spend four to eight hours there (50%). At school, the child has access to many experiences and contact with other children, but it was observed that despite all the importance of the school and the stimuli provided there, children also need the commitment of their caregivers in all other aspects mentioned, as although the school environment offers several ways to enhance language development, the environment alone will not provide all other factors that these children need and/or influence for this development.

Therefore, this study contributes significantly to the advancement of speech-language pathologists studies related to language delay, providing new information to assist parents and also in the diagnosis, bringing knowledge on the topic in order to contribute to the development of their children.

CONCLUSION

The association of psychosocial-affective factors in language development has been proven as a relevant factor for its development. According to the information provided by the parents who participated in this study, children with language delay are affected by socio-cultural factors, as well as a less stimulating family environment, consequently spending a lot of time without talking and/or playing with their parents and other children, which are key to provide meaningful communication and language development experiences.

It was also noticed that children with language delay are overprotected and it also affects their performance in other activities, such as being able to feed themselves.

The above-mentioned psychosocial-affective factors are expected to support the planning of intervention, promotion and prevention of

aspects related to language development, besides influencing a positive change in the behavior especially of parents.

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